

PATENT
Appl. No. 09/410,504
Attorney Docket No. 450110-02215

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : James H. Wilkinson
Appl. No. : 09/410,504
Filed : October 1, 1999
Title : Digital Signal Processing and Signal Format
Art Unit : 2613
Examiner : David J. Czekaj

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Technology Center 2600

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of August 13, 2003, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2.

Amendments to the Claims are reflected in the listing of claims, which begins on page 3.

Remarks/Arguments begin on page 11.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 11, 2003.

William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative

William S. Frommer
Signature

November 11, 2003

Date of Signature



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Technology Center 2600

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	41	Minus 20	** =42	* 10 x	\$18 (9)	= \$00.00
Independent claims	3	Minus 3	*** =4	* x	\$86 (43)	= \$00.00
Total additional fee for this amendment						\$00.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.

☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.

☐ A check in the amount of \$00.00 is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.

☐ Charge \$_____ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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William S. Frommer, Reg. No. 25,506

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Signature

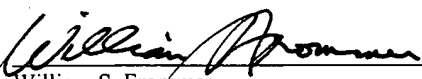
November 11, 2003

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


William S. Frommer
Reg. No. 25,506
Tel: 212-588-0800